



Clark County Public Health

# Gastrointestinal Illness Report Form

## Instructions:

Please use this worksheet to report (per WAC 246-110-020) when your school observes either:

- 10% or more of total staff/student population absent due to similar symptoms of diarrhea and/or vomiting; **OR**
- 2 or more individuals (students or staff) from the same classroom are absent with diarrhea and/or vomiting within a 24 hour period.

*If symptoms of illness are unknown for an absent student, DO NOT include this student in your count of VGE related absences.*

Which reporting criteria have been met?	
<input type="checkbox"/> 10% or more of total staff/student population absent due to similar symptoms of diarrhea and/or vomiting.	
<input type="checkbox"/> 2 or more individuals (students or staff) from the same classroom absent with diarrhea and/or vomiting within a 24 hour period. <i>If this criteria is met, also complete and return page 2.</i>	
Date criteria met: ____ / ____ / ____	
For Student:	For Staff:
Number ill with diarrhea and/or vomiting:	Number with diarrhea and/or vomiting:
Total student enrollment:	Total staff for this facility:
Facility Information:	
Facility Name:	Address:
Name and title of person reporting:	
Email:	Phone #: (____) ____ - ____

**Submit form to:** Clark County Public Health, Communicable Disease Unit  
Fax: (564) 397-8080

**For questions:** Call the Communicable Disease team at (564) 397-8182 (M-F 8am-5pm)  
Or visit: <https://www.clark.wa.gov/public-health/schools-child-day-cares>



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Demographics			Role and Location		Symptoms						Outcome
Name/Phone Number	DOB or Age	Sex (M/F)	Employee or Student (E/S)	Employee Role or Student Classroom Number	Symptom Onset Date (mm/dd/yy)	Vomiting (Y/N/U)	Diarrhea (Y/N/U)	Bloody Stools (Y/N/U)	Abdominal Cramps (Y/N/U)	Fever (T max°/N/U)	First symptom-free date (mm/dd/yy)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Diarrhea = 3 or more watery stools in a 24 hour period  
 Vomiting = 2 or more episodes within a 24 hour period

E=Employee, S=Student  
 Y=Yes, N=No, U=Unknown